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Mail to: Dennis R. Downs, Director Division of Solid and Hazardous Waste P.O. Box 144880 Salt Lake City, Utah 84114-4880 MAR 1 9 2008

SOLID & HAZARDOUS WASTE T 08.01007

SOLID WASTE LANDFILL ANNUAL REPORT

For Calendar year 2007 or most recent fiscal year

	tive Information (Plea	ase enter all the information reques	ted below - type or print	legibly)			
Facil	ity Name: Sevier	County hand Fill	/ the second		v e ^e		
		PO BOX 607 250	North MAIN				
	City: Prilail	(Number & Street, Box and/or Route	in Code: 8420	/			
	County: Sevie		ip code <i>g 170</i>	<u>/</u>			
		<u> </u>					
. Owne	er	4					
	Name: <u>Sevier</u>	Phone N Po Box 607, 250 (Number & Street, Box and/or Route	0.:(435) 8	93-04	102		
	Mailing Address:	10 Box 607, 250	North Main				
	City Rich Evel	State: 27 7 2	e) Zin Code: <i>をよ70</i>				
,	Contact's Name:	Rox Calder Title:	DODALTOO	v + Ha	ad		
•	Contact's Mailing A	Address: PO BOX 60	57 . 250 North	MOIN A	Pich field wi		
	Phone No.: (435) 8	Address: <u>PO BOX 60</u> 196-5115 Contact's Email	Address: Plangston	Berier.	state et.		
Oner		ly if the operator is not an employee of th					
<u> </u>	Name: <u>Ao X</u> (0.:(435) 8	96-52	75		
:		250 North Main Box					
		(Number & Street, Box and/or Route	e)	- 1			
•	City: Archfield Contact's Name:	State: 273h Z	Lip Code: <u>0'974</u>	01			
	Contact's Mailing A				·		
		Contact's Email.	Address:				
,							
acility Typ	e and Status			AND STREET SALES			
	🔀 Class I	Class IIIb	Class V				
	Class II	Class IVa	Class VI				
C/D a	Class IIIa ell not operated under a se	Class IVb	Yes No	V			
		closed during the year enter					
	y			· · · · · · · · · · · · · · · · · · ·	······		
knnual Dis	posal						
		Total tons received at facility for disposal:					
	•	Waste Origin	Total.		urement		
	In-State	Waste Origin Out-of-State		Tons	urement Cubic Yards		
Vaste Type	In-State	Waste Origin		Tons	Cubic		
Total Waste Type Municipal ndustrial	In-State	Waste Origin Out-of-State		Tons	Cubic Yards		
Vaste Type Aunicipal	In-State 3027/.31 NA	Waste Origin Out-of-State		Tons 🔀	Cubic Yards		
Vaste Type Municipal ndustrial	In-State 3027/.31 NA	Waste Origin Out-of-State		Tons 🔀	Cubic Yards		
Vaste Type Municipal ndustrial	In-State 3027/.31 NA 14248.89	Waste Origin Out-of-State		Tons 🔀	Cubic Yards		

No conversion factors used Conversion factor from rules (R315-302-2(4)(c)) used Conversion factor from rules (R315-302-2(4)(c)) used Site specific conversion used Please list: Tons/Cubic Yds. (Material Recycled: Material Recycled: Material Recycled should not be included in disposed loss reported. Report compost on separate form. Circle tons or yards) Utah Disposal Fee Disposal Fee Required to be Paid to State Yes No No Fee Paid Municipal Sample C/D Sample Annual Sample C/D C/D Sample C/D C/D Sample C/D C/D	Conve	rsion Factor Us	ed			·		
Material Recycled: Mosernal recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yantls) Utah Disposal Fee Disposal Fee Required to be Paid to State Yes \ No \ \ \		Conversion Site specifi	factor from ru	les (R315-30 sed Please lis	st:			
Material Recycled: Mosernal recycled should not be included in disposed tons reported. Report compost on separate form. Circle tons or yantls) Utah Disposal Fee Disposal Fee Required to be Paid to State Yes \ No \ \ \	Recyc	ling						
Disposal Fee Required to be Paid to State Yes \ \ \ No \ \ \ \ \ \ \ \ \ \ \ \ \ \ \								
Fee Paid Municipal S. C/D S. Industrial S. Annual S. Landfill Capacity Current Landfill Remaining Capacity Tons:	Utah]	Disposal Fee						
Landfill Capacity		Disposal Fee R	equired to be P	aid to State	Yes 🗌 N	No X		
Current Landfill Remaining Capacity Tons: Years: Acres: Current Closure Cost Estimate: (DOD: DO) Current Amount or Balance in Mechanism: (If balance does not equal or exceed total for closure and post-closure care please contact the Division) Current Financial Assurance Mechanism: (ie. Bond, Trust Fund, Corporate or government Test etc.) Mechanism Holder and Account Number: (ie. Name of Bond Company, Bank etc. Account number) Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement. Note: Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year. Other Required Reports: Ground Water Monitoring: Class I, II and V landfills only. Check if exempt Training Report: A report of all training programs or procedures completed by facility personnel during the year. Signature: Date: 3-14-05 Signature: Date: 3-14-05 Date: 3-14-05 Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative. A duly authorized representative and suly authorized representative.		Fee Paid	•	\$ \$			\$ \$	
Tons:	Land	fill Capacity						
Financial Assurance Current Closure Cost Estimate: (2000.00) Current Post-Closure Cost Estimate: (2000.00) Current Amount or Balance in Mechanism: (2500.00) (If balance does not equal or exceed total for closure and post-closure care please contact the Division) Current Financial Assurance Mechanism: (Bond, Trust Fund, Corporate or government Test etc.) Mechanism Holder and Account Number: (Bond, Trust Fund, Corporate or government Test etc.) Mechanism Holder and Account Number: (Bond, Trust Fund, Corporate or government Test etc.) Financial Assurance: Each facility must recalculate the cost of closure and post-closure care to account for inflation and design changes each year. The inflation factor can be found on the Division web page. Facilities that are using a trust account should include a copy of the most recent account statement. Note: Facilities using "Local Government Financial Test" or the "Corporate Financial Test" must provide the information required in R315-309-8(4) or R315-309-9(3) each year. Other Required Reports Ground Water Monitoring: Class I and V landfills only. Check if exempt Training Report: A report of all training programs or procedures completed by facility personnel during the year. Signature: Date: Total Science of the solid waste rules (UAC R315-310-2(4)(d)).			_	-	Cubic	e Yards:		
Current Closure Cost Estimate:					Acres	s:		 ,
Current Closure Cost Estimate:	Finan	icial Assurance						
Signature: Date: 3-14-08 Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).	Othe	Current Post-C Current Amou (If balance Current Financ (ie. Bond, Mechanism Ho (ie. Name Financial Assurar inflation and desi Facilities that are Note Facilities provide r Required Rep Ground Water M	Closure Cost Estant or Balance in does not equal or exceptial Assurance I Trust Fund, Corporate older and Accord Bond Company, Balance: Each facility gn changes each y using a trust accord susing "Local Gothe information records".	timate: Left in Mechanism ed total for closure. Mechanism: or government Test unt Number: nk etc. Account numust recalculatear. The inflatunt should inclivernment Finarquired in R315	p()). U() 1: 725 e and post-closure of Sevier Cost etc.) te the cost of closion factor can bude a copy of the cost of the co	care please continuity Five 513317 osure and poor found on the most receive "Corporate 15-309-9(3) of exempt	act the Division) Assuming the Division web part account statement of Financial Test"	rance Credit Un ccount for ge.
Signature: Date: 3-14-08 Signature should be by an executive officer, general partner, proprietor, elected official, or a duly authorized representative must meet the requirements of the solid waste rules (UAC R315-310-2(4)(d)).					-	•	y facility personnel	during the
representative must meet the requirements of the solid waste rules (OAC K313-310-2(4)(d)).		year.		1				
representative must meet the requirements of the solid waste rules (OAC K313-310-2(4)(d)).	Signa Signatur	ature: <u>few</u> re should be by an execu	tive officer, general pa	urtner, proprietor, e	lected official, or a	Da	te: 3 - 14 -	authorized
	represer	ntative must meet the req	uirements of the solid	waste rules (OAC)	K313-310-2(4)(a)).			•